

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee ccAdvertising		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014
Mailing Address 14001C Saint German Dr Ste 353		Amount 13428.58
City Centerville	State VA	Zip Code 20121
Purpose of Expenditure Voter ID Call Centers	Category/ Type	Transaction ID : SE.4542 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate WILLIAM CASSIDY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ccAdvertising		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2014
Mailing Address 14001C Saint German Dr Ste 353		Amount 1071.42
City Centerville	State VA	Zip Code 20121
Purpose of Expenditure Voter ID Call Centers	Category/ Type	Transaction ID : SE.4541 Date of Disbursement or Obligation MM / DD / YYYY 08 / 12 / 2014
Name of Federal Candidate WILLIAM CASSIDY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

STEVE REITER

[Electronically Filed]

Date

MM / DD / YYYY
08 / 26 / 2014

Signature